

## **PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD**

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, May 10, 2018 at Health & Human Services; Sophie Beaumont Building; 111 N. Jefferson St.; Green Bay, WI 54301

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**Present:** Chairman Tom Lund  
Carole Andrews, Jesse Brunette, Craig Huxford, Susan Hyland, Paula Landrie,  
Aaron Linssen

**Excused:** JoAnn Grashberger

**Also Present:** Erik Pritzl, Executive Director  
Jenny Hoffman, Community Services Administrator  
Eric Johnson, Finance Manager  
Luke Schubert, Hospital & Nursing Home Administrator

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1. **Call Meeting to Order:**  
The meeting was called to order by Chairman Tom Lund at 5:15 pm.
2. **Approve / Modify Agenda:**  
HUXFORD / ANDREWS moved to modify the May 10, 2018 Agenda by removing Items #5 & 6. The motion passed unanimously.
3. **Approve Minutes of March 8, 2018 Human Services Board Meeting:**  
LAUNDRIE / HYLAND moved to approve the Minutes dated March 8, 2018. The motion passed unanimously.
4. **Introduction of Jenny Hoffman; Community Services Administrator:**  
HOFFMAN: I am really excited for the opportunity. I look forward to working with all of you. I have presented to all of you in the past (as the Economic Support Manager). I have been with county for 27 years.  
  
PRITZL: What I am excited about is Economic Support is very invested in using data to make decisions and tracking (data); and bringing that to other places within the department will be helpful. We have talked about getting Managers to start thinking about "What is on your dashboard?" "What are you monitoring?" Luke (Schubert) and I have had conversations on quality and how we are looking at that. So I think that is something Jenny can bring to other places by working with the Managers.
5. **PUBLIC HEARING ON 2019 BUDGET:**  
Due to an error by the Green Bay Gazette, the public notice was not printed for the Public Hearing, and as such, will be postponed until Thursday, June 14, 2018.
6. **Foster Care Presentation:**  
Due to unforeseen conflict in scheduling, the presentation will be held for one month, and will present on Thursday, June 14, 2018.

**7. Executive Director's Report:**

Executive Director Erik Pritzl referred to his April report which was included in the Agenda Packet and distributed his May 2018 report.

**Community Services Administrator:**

The introduction of Jenny Hoffman as the new Community Services Administrator occurred earlier.

**Juvenile Corrections Update:**

PRITZL: It is important to start talking about it and making sure people are aware of this.

LUND: Are we looking for land for a facility?

PRITZL: No...

LUND: I'm sure it will be in Brown County or Outagamie.

PRITZL: I'm not sure. There is secure detention; there is juvenile corrections. So secure detention in Brown County currently operates; very interested in maintaining that operation, and potentially revert back to our previous capacity – we used to have 35 beds for secure detention and we are down to 15 because of pod changes at the Jail. That has been fine for the first year or so, but now we are reaching a phase where it is not so good. We have had four juveniles shipped out as of today. That is four of our own, plus all the other counties around us can't use us, so they are using facilities farther away. Part of the whole Jail planning is how do we get that secure detention facility back up to where it should be?

Intersecting with that now is corrections. The Legislature approved the plan to shut Lincoln Hills and Copper Lake by January 1, 2021. A few of us went to the Wisconsin County Association Summit to hear more about what the legislative change means. The authors of the legislation were there to speak – it was exciting to hear their perspective – and the Legislative Reference Bureau was there.

We had good presenters, and Andy Phillips from the County Association -- who is very well regarded -- said there are four choices as Counties.

1. Counties can establish their own Secure Residential Care Centers for Children and Youth (SRCCY).
2. A county can contract with a child welfare agency to establish a center. So you could build your own and then contract operations.
3. A County could establish a center jointly with another county or counties.
4. You can contract with another county for placements.

Each of them have pros and cons. The idea was we would hear this information, convene as regions, as talk about who would consider this. If you decide to build something like this, the State has set aside funds to cover up to 95% of construction costs. If you house female juveniles, the State will cover 100%. This is new construction or renovation of existing facility would be eligible.

Judge Morrison, who is the Chief Judge of the Judicial District Brown County is a part of, twice convened regional meetings, where it was discussed how we get secure detention back up and supported. Typically, Brown County has said we are interested in secured detention but not ready to operate correctional facilities. That is the perspective – we don't currently operate a prison, so to speak. So a long-term correctional placement is very different from a short-term secure detention stay. So far, there hasn't been a lot of interest

around corrections. We need to circle back to the Sheriff and the County Executive and have that conversation; just to make sure. We are building some things now; this could be an opportunity to have a full range of services on a campus in Brown County. If we don't do it, I think there is another county in the region that probably is going to be interested, and most likely do it. But how you construct that as far as having a membership? Do you buy beds you need? That is all to be decided.

LUND: Well that was the same thing as when we built CTC.

PRITZL: Similar. A couple Nursing Homes in the State – this is what we compared it to – have districts which are memberships and you can buy into that, and you pay a certain per year cost, and it is a rolling 5-year average.

LUND: You need to look at how many people from your county are going to be housed there. Maybe if you are a smaller county, you might just pay whatever they are going to charge.

PRITZL: This is where it gets hard... the problem is counties have been reducing their use of Lincoln Hills and Copper Lake for a number of years. We are to the point where we typically have just a couple of kids in standard corrections. There are other correctional placements like serious juvenile offender which are different. So we are going to get those numbers because the Human Services Committee requested those as well. If we only have two that we typically have at a time, does it make sense for us to build a 25-bed facility when our utilization is 10%? No county really uses a lot of beds except Milwaukee, and Milwaukee is already well on the path to figuring out what they are going to do. Any county that does this is probably building something for a region, and not just for their own use.

LUND: We need to look at where are we going to be 10-20 years from now? Hopefully we will have less usage of facilities but you just don't know. If crime continues to go up, and there is now more use of the jail right now than there used to...

PRITZL: Lincoln Hills is gradually going down in census, as more and more counties find alternatives or work with children in communities, develop alternative programs that are 180-day programs, like we have a program LAUNCH. So we have found other solutions that honestly work better; but there is still a need for a facility for some youth.

HUXFORD: Does the County not want to take on the correctional end of it because of the difficulty in maintaining correctional officers at the Jail?

PRITZL: What you just said applies to so many programs right now. Our ability to attract, retain staff across all of our programs is a concern. So any program expansion is a concern.

HUXFORD: They changed their retirement status to non-sworn. They changed how their retirement is and everything else so they are not protective status. There is a bill going around to probably change it back, to hopefully help hold correctional officers.

LUND: The State of Wisconsin correctional officers are sworn officers. The county... you can't unilaterally make your officers sworn officers because they don't allow it as the State controls the corrections process. That has been going around for three years, and they've never done anything with it. It goes around every session and we have supported that bill, because we want to keep the officers. It is costing us more money in training and over staffing and overtime.

PRITZL: I'm not sure what all the concerns are and that is why we need to circle back to understand it better. It could just be the programming required for longer-term correctional placements as the issue. It could be the separation of operations – you can't have kids in secure detention with correctional placement; these are two separate facilities. Right now we are look at our utilization and that is the question from the Human Services Committee; long-term kids in corrections.

**Community Treatment Center:**

Consultants from Schenk are on-site to bring an operational analysis.

The average daily census on Nicolet Psychiatric Center (NPC) was lower than Bayhaven (Community Based Residential Facility). It could have been a transfer from one side of the unit to the other; this is something we have never seen. Voluntary admissions to NPC have increased by 73% in 2018 compared to 2017.

We, as a project, have had more success getting people enrolled in Badgercare. It does help pay for more.

LAUNDRIE / BRUNETTE moved to receive the Executive Director's Report and place on file. Motion carried unanimously.

**8. CTC Administrator Report including NPC Monthly Report:**

Luke Schubert referred to his April report which was included in the Agenda Packet and distributed his May 2018 report.

**Contracted Services:**

We have some ongoing concerns with the client/resident nurse call system. The application itself is working -- lights flash, and audible backup to the nursing station. However, it was designed for mobile phone use, and those have not been working as designed. A new phone was tested today, and it was getting better signal; so we are getting four more to test next week. If this works, we will get the vendor to switch out the phones. Technology Services has been involved, and made some modifications to our wireless access points, and our hope is this will now work as designed.

**Patient Complaints:**

No complaints were filed in April.

**Regulatory Concerns:**

No new CMS or DHS surveys. We did have one self-report investigation on Bayshore Village that was referred out for further investigation.

**2018 Performance Improvement Project:**

Progress is being made on our five projects. All committees are furthering their planning stages and in some cases have moved beyond that.

**Staff Labor Costs Review:**

This is a follow up to a concern over labor targets noted during the February Human Services Board meeting. We have closed the gap since the initial analysis.

Schubert noted the following are outside of the routine of the CTC's operation – We have a record-high Leave of Absences occurring at one time in the nursing department – about 50% or greater for personal out-of-work place injuries (e.g.,

maternity leave), but no internal workplace-related injuries. We work with Human Resources on a case-by-case basis to determine what to do with those situations.

We have had a higher number of 1:1 care situations with patients than in prior years. Our department managers have been picking up shifts, working off-routine hours, working the floor. The Directors of Nursing have been going above and beyond to help with this. Agency usage is up; Schubert has noticed not as many shifts being picked up by those nurses within the on-call pool. We have a lot of vacancies, and the number of applicants is down. There is a nursing shortage in general, and nursing positions are high in demand. There also might be some market factors of where we are at in the marketplace that also may be driving that.

LINSSEN: Please pass on our thanks to the staff for their work through the (April) snowstorm.

SCHUBERT: People really pulled together during a difficult time. It was difficult Friday-Saturday-Sunday. In-patient units don't stop. Rough couple days. People working double shifts. Public Works staff out there working early, working late.

PRITZL: Going back to the labor costs -- we wanted to make sure you (the Human Services Board) saw this information, and have a little more information based on the questions last time. We are doing everything we can to keep all of our beds available. We are making that decision so that we have all the hospital beds, all the nursing home beds, all the CBRF beds available. It does result in overtime, double shifts, agency use, etc. I'm not sure the discussion has ever occurred at the Human Services Board or Human Services Committee level that you understand that it is our decision to keep the beds available. Compared to other facilities that might manage this through not having beds available. For example, other in-patient psychiatric facilities in Brown County have bed capacity, but not staff capacity, so they don't fill all of their available beds. We never make that decision. We keep everything available for emergency detentions, voluntary placements, emergency protective placements... that is our function.

LUND: There would be other costs if you didn't keep them available. If they had to go down to Winnebago, that is going to be a cost to us; a greater cost than keeping the beds available. If you looked at the analysis, any of them that go down to the State, and they are there for over three months, they start costing a lot of money.

PRITZL: We don't like to use that, plus law enforcement doesn't want to use all the time to transport.

LAUNDRIE: Erik, those beds are also available to other counties, correct?

PRITZL: Yes, other counties use us.

**Consultant at CTC:**

Schenk Consulting Firm was awarded the RFP and began analysis of CTC operations. The first initial visit was a 2-day onsite visit going over high level of our financials and how CTC programs are designed. We started doing process mapping – for example, “90% of your admissions in the nursing home come from emergency protective placement actions, tell us what that looks like.” They are doing that type of analysis on each individual unit – from the EM1 process to the hospital. We had the 2-day onsite visit, as well as a 1-day follow up where the nurse consultant came back and met with Directors of Nursing and with the Adult Protective Services staff on how they process items in the field to intake admission. There's no set date for the follow-up visit, but it

should be mid-month, and the plan is to have recommendations back to us by end of June, in time for consideration for the budget season.

LINSSEN / HYLAND moved to receive the CTC Administrator Report and place on file. Motion carried unanimously.

**9. Reappointment of Pam Page, APNP to the Medical Staff at the CTC:**

Luke Schubert presented Ms. Page's credentials to the Board and made the recommendation to reappoint her to the Medical Staff at the CTC.

We need a recommendation to reappoint Pam Page to the Medical Staff. Pam was recommended unanimously by the CTC Medical Staff. Pam worked full-time in our out-patient clinic and also provided history physicals in the hospital and nursing home for people who are on specialized care plans. Evaluations are made every six months or so for those with specialized needs, and she will consult on those. She does a great job, we are happy to have her.

ANDREWS / LAUNDRIE moved to approve Pam Page as an APNP on the Medical Staff of the CTC. Motion carried unanimously.

**10. Financial Report for Community Treatment Center and Community Services:**

Finance Manager, Eric Johnson referred to the April report included within the Agenda Packet, and the May report was distributed.

**Community Treatment Center & Community Services:**

Johnson referred to the column on the reports showing Year-to-Date Encumbrances – usually that is a small dollar amount encumbrances for purchase orders that haven't been filled yet, etc. This year, there is a large amount in the Year-to-Date Encumbrance column on the Community Treatment Center financial statement. That is an encumbrance for the entire year's maintenance agreement for the software plans. It is included in the percentage used on the far right even though it is not money spent. Within Johnson's report, he lists actual expenditures.

Similarly, in Community Services, the large amount of \$187,000 in encumbrances, which is contributing to their expense amounts.

The good news is the expenses and revenues are within a half-percent, at 25% which is exactly where you want to be at after 3 months. However, the partial percentage is still unfavorable in both locations. We are slightly under in revenue for the CTC, and slightly over in expense, so an overall dollar variance is \$63,000 for CTC. There is about \$42,000 less revenue than budgeted for three months, and it appears that is primarily census driven, all census numbers are all slightly below budget on the chart.

For revenues it is labor costs -- temporary help does not fall in the personnel costs area. Personnel costs -- salary and wages -- are under budget, but the fringe benefits are over budget and are contributing along with some inter-county charges for Technology Services are the main drivers. \$21,000 over, after 3 months, for expenses is still in pretty good shape for the CTC.

Community Services -- both revenue and expenses -- are within a half-percent of budget. Much larger dollars, so the revenues have an unfavorable variance, so less revenue than budgeted by \$172,000. At this point of the year, that is primarily driven because it is estimated, and there are lots of estimates at the beginning of the year, because we don't have a lot of data. When accountants make estimates, we tend to be

conservative. Personnel costs are under budget, but overall expenses are \$194,000 over budget due to inter-county charges including Technology Services and in the purchase services expense area for expenses are higher than budgeted due to Child Protection and Juvenile Detention.

HUXFORD / BRUNETTE moved to receive the Financial Report and place on file.  
Motion carried unanimously.

**11. Statistical Reports: a, b & c**

Statistical Reports a (i. and ii.), b (i.) and c (i. and ii.) were included within the Agenda Packet. Report b (ii.) was distributed to Board members.

ANDREWS / LAUNDRIE moved to suspend the rules and receive Statistical Reports a, b & c together and place on file. Motion passed unanimously.

**12. Request for New Non-Continuous Provider & New Provider Contract:**

Please refer to the Agenda Packet which includes this information for both April and May.

ANDREWS / LAUNDRIE moved to receive New Non-Continuous Provider and New Provider Contract Reports and place on file. Motion carried unanimously.

**13. Other Matters:**

Nothing discussed.

Next Meeting: Thursday, June 14 2018 at 5:15 p.m.  
Sophie Beaumont Building  
111 N. Jefferson St  
Green Bay, WI 54301

**14. Adjourn Business Meeting:**

HYLAND / LAUNDRIE moved to adjourn. Motion passed unanimously.

Chairman Tom Lund adjourned the meeting at 5:48 p.m.

Respectfully Submitted,  
Catherine Foss  
Office Manager

## **BROWN COUNTY HEALTH & HUMAN SERVICES**

111 N. Jefferson Street  
P.O. Box 22188  
Green Bay, WI 54305-2188



Erik Pritzl, Executive Director

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Phone (920) 448-6000 Fax (920) 448-6166

**To:** Human Services Board  
Human Services Committee

**From:** Erik Pritzl, Executive Director

**Date:** May 10, 2018

**Re:** Executive Director's Report

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### **Community Services Administrator:**

Jennifer Hoffman, Economic Support Services Manager, started in in her new role as the Community Services Administrator on May 7th. Jenny has been with the department for 27 years, and has been serving as the Economic Support Services Manager for 8 of those years. During this time, Economic Support had to transition from a county based services model to a consortium model with Brown County serving as the lead. Jenny has shown leadership with other counties in the region, the Wisconsin County Human Services Association (WCHSA) and state staff on the consortium, and served as a Policy Advisory Committee chair for WCHSA. Under Jenny's leadership, the Economic Support program area improved service and was recognized as a high performing service area in the state. Jenny has a Bachelor's Degree in Integrative Leadership Studies from UW-Green Bay. She is eager to learn more about operations across the department, and is looking forward to her new role with Brown County Health and Human Services.

### **Juvenile Corrections Update:**

On May 3<sup>rd</sup>, the Wisconsin County Association sponsored a Juvenile Corrections Forum in Wisconsin Rapids. Speakers included representatives who supported the legislation, a representative from the Legislative Reference Bureau, and Attorney Andrew Phillips who has assisted counties in the past in implementing new directions from the legislature as well as cooperative agreements. With the impending closure of Lincoln Hills and Copper Lakes by January 1, 2021, counties have four choices:

- A county can establish its own Secure Residential Care Center for Children and Youth (SRCCCY).
- A county can contract with a child welfare agency to establish a center.
- A county can establish a center jointly with another county or counties.



- A county can contract with another county for placements.

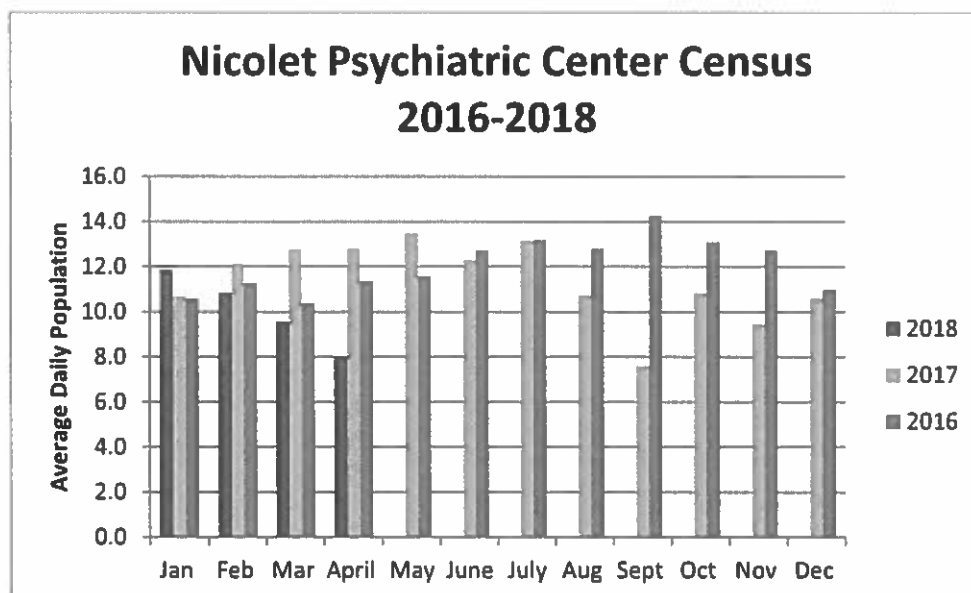
Counties that decide to build facilities may apply for grants to fund 95% of constructions costs associated with building or renovating a facility to become a SRCCCY. If the facility serves juvenile females, 100% of the construction costs could be covered by grants.

There have been regional discussions associated with both corrections as well as secure detention. Brown County operates a 15 bed secure detention facility that provides placement for short term stays as well as longer term disposition placements in the LAUNCH program. There seems to be support to continue the secure detention services, and for restoring the number of beds to the prior 35 bed level. Counties in the region have had to adapt to fewer beds being available in Brown County, which has required longer travel times to alternate facilities such as Sheboygan County. Creating a SRCCCY to serve youth who are currently placed at Lincoln Hills and Copper Lakes has also been discussed as a region, with some interest by at least one county in establishing a regional facility.

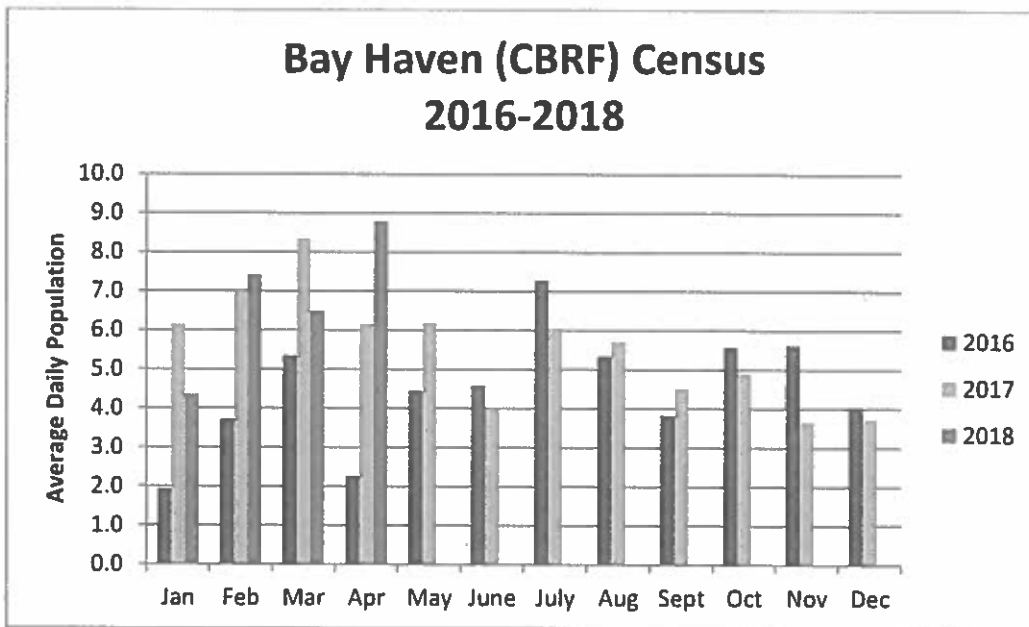
#### Community Treatment Center:

Consultants from Schenk have been onsite at the CTC to begin the operational analysis. The primary focus of these early visits has been on gathering background data, and meeting with different staff members regarding processes and work flow. This analysis is expected to be completed by the end of June, which will provide information for the 2019 budget.

April average daily census at Nicolet Psychiatric Center trended lower than prior months and years with an average daily census of 8.0 for the month. The chart below provides a visual comparison of the past three years.



Bay Haven (CBRF) had an average of 8.8 consumers per day in April, which was higher than March. The chart below provides a visual comparison of the past three years.



There are two items worth noting from reviewing the census data. First, the average daily population for the Bay Haven CBRF was higher than the inpatient psychiatric unit. The second item worth noting from the overall Nicolet Psychiatric Center statistics provided in the packet is that voluntary admissions to NPC have increased by 73% in 2018 compared to 2017.

## BROWN COUNTY HEALTH & HUMAN SERVICES

Brown County Community Treatment Center  
3150 Gershwin Drive  
Green Bay, WI 54305-2188



Luke Schubert, Hospital & Nursing Home Administrator

Phone (920) 391-4701 Fax (920) 391-4872

### **NPC Monthly Report**

1. **Patient Care Issues**- There was no new patient care concerns noted in April.
2. **Contracted Services Issues** – The CTC has had some ongoing concerns with our client/resident nurse call system. We have had ongoing meetings involving our Brown County TS department and the vendor to troubleshoot the problems for resolution. The visual lights and back up audible system in the nursing stations are functioning properly, but some mobile devices are experiencing intermediate failures. We have beta tested an alternative phone that was recently released from our vendor that shows promise in resolving this concern and we will be expanding this test sample this month.
3. **Summary of patient complaints**- There were no patient grievances filed in the month of April on NPC.
4. **Federal/State Regulatory Concerns**- There were no new CMS or DHS surveys conducted during the month of April on NPC or any of the other inpatient units. There was one self-report investigation that was conducted on Bayshore Village that was referred to law enforcement and the DHS OCQ for further investigation.
5. **Approval of Medical Staff appointments**- The Medical Staff and Clinical Director recommended re-appointment of Pam Paige, Psychiatric-trained APNP.
6. **Other Business**-  
**2018 Performance Improvement Project (PIP) Recommendations:**
  - a. ***Treatment Planning*** – The March QAPI committee discussed the HS Board approved continuation of this PIP, noting YTD compliance continues to trend positively towards the compliance goal.
  - b. ***Readmissions and Discharge Planning*** – The March QAPI committee discussed the HS Board approved continuation of this PIP, noting that the 2017

targeted goal was close to target and that 2018 statistics were exceeding the established targeted goal. The QAPI committee noted that our committee focus for this project is in relation to NPC Brown County readmissions, not overall HHS Brown County hospital readmissions, as that portion of the population is outside of the hospital QAPI committee's scope and span of control.

c. ***Clients with no Insurance*** – Project goal was met; A QA Monitoring Plan will continue in 2018.

d. ***CTC Employee Retention & Competencies*** – The QAPI committee noted that the PIP charter was approved by the HS Board. This project has moved into the Planning Phase.

e. ***Legionellosis Water Treatment Monitoring*** – The QAPI committee noted that the PIP charted was approved by the HS Board. This project is in the Planning Phase.

#### **Staff Labor Costs Review:**

A concern was noted at February's HS Board Meeting that the CTC labor budget was exceeding budget targets. This month's financial report notes that the gap over budget has closed considerable from February's financial report projection, but remains over a budgeted estimate of \$42,588 YTD. We have had an un-customarily high number of LOAs in the nursing department, combined with an increasing number of highly-acute patients requiring 1:1 care in 2018. Our Department Managers are managing this as effectively as possible, trying not to utilize outside agency staffing to cover positions, but labor overages and recruitment particularly in the nursing department is an increasing challenge.

#### **Recognition of Staff – April Snow Storm Event:**

During the April snow storm event I had a number of staff that pulled together working double-shifts, lodging with co-worker, sleeping over at the CTC, and finding ways to get services to our residents and clients, with less than usual staffing patterns in many of their departments. The Public Works staff at the CTC were also onsite early and staying late plowing snow, cleaning, and going the extra mile to care for residents and clients as well. I wanted to note a special recognition to these 24/7 staff that ensure safe, quality care was delivered to our resident and clients, despite the weather conditions!

*Respectfully submitted by:*

*Luke Schubert, NHA; Hospital and Nursing Home Administrator*

## BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street  
P.O. Box 22188  
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6166

Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: May 9, 2018

Subject: YTD 3/31/18 Financial Results for Community Treatment Center and Community Programs

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### Community Treatment Center

CTC first quarter results show an overall unfavorable variance from budget of \$63,750 on a prorated basis for 3 months with revenues at 25% of the annual budget and expenses not including encumbrances also at 25% of the annual budget with rounding.

The revenue shortfall while less than 0.5% of the annual budget is approximately \$42,588 due primarily to lower than anticipated census for all three CTC operating divisions (see chart below).

Expense are also less than 0.5% away from budget with an overage of \$21,162 due primarily to higher than projected fringe benefit expense and intra-county charges including charges for technology services.

2018 YTD census compared to budget is as follows:

<u>Average Daily Census</u>	<u>YTD</u>	<u>Budget</u>
Bayshore Village	60.7	61.4
Nicolet Psychiatric Center	10.8	12.4
Bay Haven CBRF	6.0	6.3

### Community Services

Financial results as of 3/31/18 for Community Services show a \$366,385 overall unfavorable variance compared to prorated budget for the first 3 months of the year. As for CTC, both revenues and expenditures not including encumbrance amounts are within 0.5% of the annual budget YTD.

At this point in the year revenues are largely based on estimates which are generally conservative. This is the primary reason for an unfavorable revenue variance of \$172,219 for the first quarter of the year.

Personnel costs are under budget while overall expense are \$194,166 over budget due primarily to higher than anticipated intra-county charges including those for technology services and purchased services expense in the areas of child protection and juvenile detention.

Respectfully Submitted,

Eric Johnson  
Finance Manager

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# Community Treatment Center

Through 03/31/18  
Prior Fiscal Year Activity Included  
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 630 - Community Treatment Center									
REVENUE									
Property taxes	3,199,210.00	.00	3,199,210.00	266,600.83	.00	799,802.49	2,399,407.51	25	750,381.24
Intergov Revenue	4,054,366.00	.00	4,054,366.00	201,027.16	.00	929,468.94	3,124,897.06	23	938,575.62
Public Charges	3,855,542.00	.00	3,855,542.00	393,816.40	.00	942,434.48	2,913,107.52	24	956,054.32
Miscellaneous Revenue	1,824,401.00	3,191.00	1,827,592.00	193,082.25	.00	475,959.43	1,351,632.57	26	457,088.77
Other Financing Sources	.00	58,565.00	58,565.00	.00	.00	58,565.00	.00	100	.00
REVENUE TOTALS	\$12,933,519.00	\$61,756.00	\$12,995,275.00	\$1,054,526.64	\$0.00	\$3,206,230.34	\$9,789,044.66	25%	\$3,102,099.95
EXPENSE									
Personnel Costs	9,221,503.00	50,529.00	9,272,032.00	734,493.47	.00	2,378,049.08	6,893,982.92	26	2,218,293.12
Operating Expenses	4,336,323.00	11,227.00	4,347,550.00	378,590.38	172,096.52	1,054,283.41	3,121,170.07	28	1,175,209.99
Outlay	25,100.00	.00	25,100.00	.00	.00	.00	25,100.00	0	.00
EXPENSE TOTALS	\$13,582,926.00	\$61,756.00	\$13,644,682.00	\$1,113,083.85	\$172,096.52	\$3,432,332.49	\$10,040,252.99	26%	\$3,393,503.11
REVENUE TOTALS	12,933,519.00	61,756.00	12,995,275.00	1,054,526.64	.00	3,206,230.34	9,789,044.66	25%	3,102,099.95
EXPENSE TOTALS	13,582,926.00	61,756.00	13,644,682.00	1,113,083.85	172,096.52	3,432,332.49	10,040,252.99	26%	3,393,503.11
Grand Totals	(\$649,407.00)	\$0.00	(\$649,407.00)	(\$58,557.21)	(\$172,096.52)	(\$226,102.15)	(\$251,208.33)		(\$291,403.16)



## Community Services

Through 03/31/18  
Prior Fiscal Year Activity Included  
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
<b>Fund 201 - Community Services</b>									
<b>REVENUE</b>									
Property taxes	16,172,778.00	.00	16,172,778.00	1,347,731.50	.00	4,043,194.50	12,129,583.50	25	3,885,799.74
Intergov Revenue	33,121,654.00	5,918.00	33,127,572.00	2,845,131.03	.00	7,894,084.67	25,233,487.33	24	7,834,586.35
Public Charges	1,883,072.00	.00	1,883,072.00	261,080.64	.00	456,575.46	1,426,496.54	24	462,276.81
Miscellaneous Revenue	167,000.00	.00	167,000.00	3,224.04	.00	93,506.78	73,493.22	56	95,676.05
Other Financing Sources	.00	276,882.00	276,882.00	3,242.81	.00	247,245.76	29,636.24	89	288,568.74
<b>REVENUE TOTALS</b>	<b>\$51,344,504.00</b>	<b>\$282,800.00</b>	<b>\$51,627,304.00</b>	<b>\$4,460,410.02</b>	<b>\$0.00</b>	<b>\$12,734,607.17</b>	<b>\$38,892,696.83</b>	<b>25%</b>	<b>\$12,566,907.69</b>
<b>EXPENSE</b>									
Personnel Costs	19,274,128.00	282,800.00	19,556,928.00	1,449,646.37	.00	4,677,413.29	14,879,514.71	24	4,515,493.91
Operating Expenses	32,046,376.00	.00	32,046,376.00	2,769,976.29	187,056.42	8,423,579.29	23,435,740.29	27	8,408,651.65
Outlay	24,000.00	.00	24,000.00	.00	23,129.50	.00	870.50	96	47,380.60
<b>EXPENSE TOTALS</b>	<b>\$51,344,504.00</b>	<b>\$282,800.00</b>	<b>\$51,627,304.00</b>	<b>\$4,219,622.66</b>	<b>\$210,185.92</b>	<b>\$13,100,992.58</b>	<b>\$38,316,125.50</b>	<b>26%</b>	<b>\$12,971,526.16</b>
<b>REVENUE TOTALS</b>	<b>51,344,504.00</b>	<b>282,800.00</b>	<b>51,627,304.00</b>	<b>4,460,410.02</b>	<b>.00</b>	<b>12,734,607.17</b>	<b>38,892,696.83</b>	<b>25%</b>	<b>12,566,907.69</b>
<b>EXPENSE TOTALS</b>	<b>51,344,504.00</b>	<b>282,800.00</b>	<b>51,627,304.00</b>	<b>4,219,622.66</b>	<b>210,185.92</b>	<b>13,100,992.58</b>	<b>38,316,125.50</b>	<b>26%</b>	<b>12,971,526.16</b>
<b>Grand Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$240,787.36</b>	<b>(\$210,185.92)</b>	<b>(\$366,385.41)</b>	<b>\$576,571.33</b>		<b>(\$404,618.47)</b>

Brown County Health and Human Services

**Report of Child Abuse/Neglect or Service Request by Month**

Month	2015	2016	2017	% Change from 2016 to 2017	2018	% Change from 2017 to 2018
January	415	435	466	6.65%	528	13.3%
February	432	463	455	-1.73%	432	-5.05%
March	460	466	423	-9.23%	459	8.5%
April	455	452	448	-.88%	456	1.786%
May	422	465	550	18.28%		
June	330	348	352	1.15%		
July	312	301	288	-4.32%		
August	282	312	369	18.27%		
September	420	497	440	-11.47%		
October	440	430	517	20.23%		
November	426	435	449	3.22%		
December	415	407	416	2.21%		
Total	4809	5011	5173	3.23%		

**Reports Investigated/Services Offered by Month**

Month	2015	2016	2017	% Change from 2016 to 2017	2018	% Change from 2017 to 2018
January	146	116	151	23.18%	189	25.17%
February	141	141	135	-4.26%	136	.74%
March	161	124	144	16.13%	184	27.78%
April	144	138	149	7.97%	183	22.82%
May	147	135	154	14.07%		
June	143	99	123	24.24%		
July	113	101	112	10.89%		
August	113	88	139	57.95%		
September	150	126	146	15.87%		
October	141	101	163	61.39%		
November	100	119	143	20.17%		
December	121	129	109	-15.50%		
Total	1620	1417	1668	17.71%		